


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90243 027 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 434649

1. Corporation Name
SERVICE AMERICA NETWORK, INC.



Principal Place of Business 1080 N.W. FIRST AVE. BOCA RATON FL 33432	Mailing Address 2600 CHEMED CENTER 255 E. 5TH ST. CINCINNATI OH 45202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 09/10/1973	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-1486390		
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUTTON, EDWARD L	1.2 NAME		
STREET ADDRESS	6680 MIRALAKE DRIVE	1.3 STREET ADDRESS	SEE ATTACHED	
CITY-ST-ZIP	CINCINNATI OH 45243	1.4 CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAMARA, KEVIN J	2.2 NAME		
STREET ADDRESS	7720 ASHLEY VIEW DRIVE 2900 GRANDIN RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45227 45208	2.4 CITY-ST-ZIP		
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALLOB, NAOMI C	3.2 NAME		
STREET ADDRESS	2911 FAIRVIEW AVE 1060 BARRY LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45219	3.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Naomi Dallob* **SECRETARY** **N.C. DALLOB** 4/22/99 513/762-6556
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

537959-90243-27
Doc # 434649

SERVICE AMERICA NETWORK, INC.

OFFICERS

Vice Chairman
President & Chief Executive Officer
Vice President
Vice President
Vice President
Vice President-Finance, Treasurer & CFO
Secretary

Edward L. Hutton
John M. Mount
Robert A. Boettger
Stephen M. Boudreaux
Robert C. Barron
Walter L. Krebs
Naomi C. Dallob

DIRECTORS

Edward L. Hutton
Kevin J. McNamara
John M. Mount

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OFFICERS & DIRECTORS OF SERVICE AMERICA NETWORK, INC.:

TITLE

NAME

SOCIAL SECURITY NO.

HOME ADDRESS

BUSINESS ADDRESS

Vice Chairman & Director

Edward L. Hutton
SS# 314-03-8958

6680 Miralake Drive
Cincinnati, OH 45243

Chemed Corporation
2600 Chemed Center
255 East 5th Street
Cincinnati, OH 45202

President, CEO & Director

John M. Mount
SS# 288-38-2776

6685 Miralake Drive
Cincinnati, OH 45243

515 N.W. 12th Avenue
Deerfield Beach, FL 33442

Vice President

Robert A. Boettger
SS# 469-44-6250

1080 N.W. 1st Avenue
Boca Raton, FL 33342

Vice President

Stephen M. Boudreaux
SS# 081-40-3867

2980 N.W. 107th Avenue
Coral Springs, FL 33065

1080 N.W. 1st Avenue
Boca Raton, FL 33342

Vice President

Robert C. Barron
SS# 526-44-5861

258 S. E. 4th Avenue
Pompano Beach, FL 33060

3081 McNab Road
Pompano Beach, FL 33069

Vice President-Finance, CFO & Treasurer

Walter L. Krebs
SS# 407-36-2533

4201 N. Ocean Blvd, C-1508
Boca Raton, FL 33431

515 N.W. 12th Avenue
Deerfield Beach, FL 33442

Secretary

Naomi C. Dallob
SS# 280-56-2580

1060 Barry Lane
Cincinnati, OH 45229

Chemed Corporation
2600 Chemed Center
255 East 5th Street
Cincinnati, OH 45202

Director

Kevin J. McNamara
SS# 283-56-9317

2900 Grandin Road
Cincinnati, OH 45208

Chemed Corporation
2600 Chemed Center
255 East 5th Street
Cincinnati, OH 45202